

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005564 (0)
1. Corporation Name
ALL-STAR ACADEMY PRIVATE SCHOOL CORPORATION



Principal Place of Business 6300 OLD CLINT MOORE ROAD BOCA RATON FL 33496	Mailing Address PO BOX 811360 BOCA RATON FL 33481 US
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3. Date Incorporated or Qualified 12/06/1993	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0459054		

21. Principal Place of Business 21 6200 LINTON BLVD	22. Mailing Address 26 6200 LINTON BLVD
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State 23 DELRAY BEACH FL	28. City & State 28 DELRAY BEACH, FL
24. Zip 24 33484	29. Zip 29 33484

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STONE, S R III
6300 OLD CLINT MOORE ROAD
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	5779 NW 38 TERRACE
83. City	BOCA RATON, FL
84. Zip Code	33496

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	STONE, ROBERT III	
STREET ADDRESS	5779 NW 38TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MINTZ, MICHAEL	
STREET ADDRESS	5791 NW 38TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SALVER, PAUL	
STREET ADDRESS	5881 NW 151ST STREET, SUITE 101	
CITY-ST-ZIP	MIAMI LAKE FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRACKNELL, FANNY	
STREET ADDRESS	2347 HAYLOFT CIRCLE	
CITY-ST-ZIP	CHARLOTTE NC 28226	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUSMAN, ROBERT	
STREET ADDRESS	17221 -2 BOCA CLUB BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GABAY, LEON	
STREET ADDRESS	3400 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Stone DATE: Feb 2/98 DAYTIME PHONE: 495-7272

CR2E037 (10/97)